SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)   PAGE 62 / 79

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

American Dental Political Action Cmte.

A. Full Name (Last, First, Middle Initial)
Dr Stephanie Urillo

Mailing Address # 15
360 N Main St

City	State	Zip Code
Southington	CT	06489-2503

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employed

Occupation
dentist

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 6

Transaction ID: R25183

Amount of Each Receipt this Period
500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr Kent L Vandehaar

Mailing Address 1001 W Elm St

City	State	Zip Code
Chippewa Falls	WI	54729-1603

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employed

Occupation
dentist

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 6

Transaction ID: R24990

Amount of Each Receipt this Period
200.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr Gary S Wegman

Mailing Address 3324 Stoner Ave

City	State	Zip Code
Reading	PA	19606-2333

FEC ID number of contributing federal political committee. **C**

Name of Employer
self-employed

Occupation
dentist

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: R25573

Amount of Each Receipt this Period
200.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .... ▶   900.00

TOTAL This Period (last page this line number only) .... ▶

FEC **Schedule A (Form 3X)** Rev. 02/2003